

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10/541088</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓	↓	↓	↓	↓
TOTAL DEP.	4	←	←	←	←	←
TOTAL CLAIMS	6	[QR]	[QR]	[QR]	[QR]	[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]

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